Kentucky Department for Medicaid Services

Drug Review Decisions

The following chart provides a summary of the recommendations that were made by the Pharmacy and Therapeutics (P&T) Advisory Committee at the March 27, 2003, meeting and the final decisions made after review of the recommendations.

	Description of Recommendation	**Final Decision by the Commissioner and the Secretary – April 11, 2003**
#1	**Zetia** (ezetimibe) • Place a prior authorization requirement on Zetia with approval based on previous use of an HMG-CoA inhibitor within the last 12 months. This should be implemented as a step therapy edit in the claims system.	Recommendation Approved
#2	**Strattera** (atomoxetine HCl) • Place Strattera on the Preferred Drug List with a limit of one tablet per day per strength.	Recommendation Approved
#3	**Leukotriene Receptor Antagonists Class** – **Singulair** (Montelukast), **Accolate** (Zafirlukast), **Zyflo** (Zileuton) • Place a prior authorization requirement on Singulair and Accolate. o Approval will be granted for those recipients with a diagnosis of asthma. o As a surrogate for this diagnosis, an electronic POS edit should be implemented that will electronically check claims history for use of a short acting or long acting beta agonist (e.g. Albuterol), a methylxanthine, an inhaled corticosteroids, an oral beta agonist (tablet), cromolyn, or ipratropium. Approval would be granted if there has been use of one of these agents within the past six months. o Approval will be granted for those recipients with a diagnosis of Allergic Rhinitis where the recipient continues to be symptomatic after a 30-day cumulative trial of an antihistamine or nasal corticosteroid, or their use is otherwise not tolerated or medically indicated. • Place a quantity limit of 60 tablets per 30 days on Accolate. • Place a quantity limit of 30 tablets per 30 days on Singulair. • Continue to require Prior Authorization for Zyflo due to safety concerns.	Recommendation Approved